

State of California
QUARTERLY FINANCIAL INVOICE
Form MIOCRG004 (Revised 2/01)

Board of Corrections
Facilities Standards and Operations Division
Mentally Ill Offender Crime Reduction Grant (MIOCRG)

1. County:
Address:

2. Contract #:

3. Invoice #:

4. Report Period (mm/dd/yy):
From
To

5. Modification This Period
Yes ☐ No ☐
Modification #
Effective Date:

Line Items	BUDGET			Prior Expenditure				This Period				Balance			
	A. STATE FUNDS	B. HARD MATCH	C. IN KIND MATCH	State	Hard	In-Kind	E. Total	State	Hard	In-Kind	F. Total	State	Hard	In-Kind	G. Total
6. Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. CBO Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Administrative Overhead	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RECAP			H. CUMULATIVE EXPENDITURES TO DATE									EXPENDED CLAIMED THIS PERIOD			
14. Hard Match									\$ -			\$ -			
15. In Kind Match									\$ -			\$ -			
16															
17. State Funds									\$ -			\$ -			
18. Total Expended/Claimed									\$ -			\$ -			

I certify that this report is accurate and in accordance with Board of Correction regulations, policies and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred for the payment of the state's share of the eligible expenses incurred in the previous quarter, as required under Article 13.A of Exhibit A of the grant contract.

PERSON PREPARING REPORT

Signature

Name

Title

Date

Telephone

PROJECT FINANCIAL OFFICER

Signature

Name

Title

Date

Telephone

PROJECT MANAGER

Signature

Name

Title

Date

Telephone

Mail to: Board of Corrections, 600 Bercut Drive
Sacramento, California 95814-0185

Approval: _____
Board of Corrections Representative

Date _____

* Four original signatures/sets required